NITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Offi-Address: COMMISSIONER FOR PATENTS

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#### NOTICE OF ALLOWANCE AND FEE(S) DUE

7590 12/07/2009

IP Prosecution HOWREY SIMON ARNOLD & WHITE, LLP Box No. 34

1299 Pennsylvania Avenue, N.W. Washington, DC 20004-2402

EXAMINER

PRYOR, ALTON NATHANIEL

PAPER NUMBER

ARTHNIT 1616

DATE MAILED: 12/07/2009

| APPLICATION NO.                                                   | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |  |
|-------------------------------------------------------------------|-------------|----------------------|---------------------|------------------|--|--|
| 10/700,274                                                        | 11/03/2003  | Joseph S. Podolski   | 07189.0014.DVUS02   | 9175             |  |  |
| TITLE OF INVENTION: METHODS FOR TREATMENT OF ERECTILE DYSFUNCTION |             |                      |                     |                  |  |  |

| APPLN, TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES          | \$755         | \$300               | \$0                  | \$1055           | 03/08/2010 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED.</u> THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

# Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| INSTRUCTIONS: This<br>appropriate. All further c<br>indicated unless correcte<br>maintenance fee notificat                                                                                                                                                                                                                                                                                                                                                            | form should be used for<br>correspondence including<br>d below or directed oth<br>ions.                                                             | or trans<br>ig the Pa<br>icrwise i              | mitting the ISSU<br>atent, advance or<br>in Block 1, by (a                                  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                  |                                                                                                                              |                                                                                  |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                     |                                                 |                                                                                             |                                                                                                                                           | Note: A certificate of mailing can only be used for domestic mailings of the<br>Fee(s) Transmittal. This certificate cannot be used for any other accompanying<br>papers. Each additional paper, such as an assignment or formal drawing, must<br>have its own certificate of mailing or transmission.                                                   |                                                                                                       |                                                  |                                                                                                                              |                                                                                  |                                                                                 |
| T590 1207/2009 IP Prosecution HOWREY SIMON ARNOLD & WHITE, LLP Box No. 34                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                     |                                                 |                                                                                             |                                                                                                                                           | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTIO (571) 273–2885, on the date indicated below. |                                                                                                       |                                                  |                                                                                                                              |                                                                                  |                                                                                 |
| 1299 Pennsylvania Avenue, N.W.<br>Washington, DC 20004-2402                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                     |                                                 |                                                                                             |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                  |                                                                                                                              | (1                                                                               | Depositor's name)                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                     |                                                 |                                                                                             |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                  |                                                                                                                              |                                                                                  | (Signature)                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                     |                                                 |                                                                                             |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                  |                                                                                                                              |                                                                                  | (Date)                                                                          |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FILING DATE                                                                                                                                         |                                                 |                                                                                             | FIRST NAMED INVENT                                                                                                                        | NTOR ATTORNEY DOCKET NO. CONFIRMAT                                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                  |                                                                                                                              | TION NO.                                                                         |                                                                                 |
| 10/700,274                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11/03/2003                                                                                                                                          |                                                 |                                                                                             | Joseph S. Podolski                                                                                                                        | i                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       | 071                                              | 89.0014.DVUS02                                                                                                               | 91                                                                               | 75                                                                              |
| TITLE OF INVENTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                   | METHODS FOR TRE.                                                                                                                                    | ATMEN                                           | T OF ERECTILE                                                                               | DYSFUNCTION                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                  |                                                                                                                              |                                                                                  |                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                     |                                                 |                                                                                             |                                                                                                                                           | _                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       |                                                  |                                                                                                                              |                                                                                  |                                                                                 |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SMALL ENTITY                                                                                                                                        | ISS                                             | UE FEE DUE                                                                                  | PUBLICATION FEE D                                                                                                                         | UE                                                                                                                                                                                                                                                                                                                                                       | PREV. PAID ISSUI                                                                                      | SFEE                                             | TOTAL FEE(S) DUE                                                                                                             |                                                                                  | E DUE                                                                           |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YES                                                                                                                                                 |                                                 | \$755                                                                                       | \$300                                                                                                                                     | _                                                                                                                                                                                                                                                                                                                                                        | \$0                                                                                                   |                                                  | \$1055                                                                                                                       | 03/0                                                                             | 08/2010                                                                         |
| EXAMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NER                                                                                                                                                 | /                                               | ART UNIT                                                                                    | CLASS-SUBCLASS                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                  |                                                                                                                              |                                                                                  |                                                                                 |
| PRYOR, ALTON                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                     |                                                 | 1616                                                                                        | 514-400000                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                  |                                                                                                                              |                                                                                  |                                                                                 |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.55).  CR 1.55).  Change of correspondence address for Change of Correspondence Address form PTOSB/12) attached.  The Address form PTOSB/12) attached.  The Address form for Correspondence Address form PTOSB/147 attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE Unless an assignee is identified below, no assignee. |                                                                                                                                                     |                                                 |                                                                                             | or agents OR, alteri<br>(2) the name of a s<br>registered attorney<br>2 registered patent<br>listed, no name will<br>THE PATENT (print or | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or dagent) and the names of up to 2 registered patent attorneys or agents. If no name is lineed, no name with printed,                                                                         |                                                                                                       |                                                  |                                                                                                                              |                                                                                  |                                                                                 |
| (A) NAME OF ASSIG                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ENEE                                                                                                                                                |                                                 |                                                                                             | (B) RESIDENCE: (C                                                                                                                         | ITY                                                                                                                                                                                                                                                                                                                                                      | and STATE OR C                                                                                        | OUNT                                             |                                                                                                                              |                                                                                  |                                                                                 |
| 4a. The following fee(s) are submitted:    Issue Fee   Publication Fee (No small entity discount permitted)   Advance Order - # of Copies                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                     |                                                 |                                                                                             | Depayment of Fee(s): (I  A check is enclose  Payment by credit  The Director is here overpayment, to D                                    | ed.<br>card<br>reby                                                                                                                                                                                                                                                                                                                                      | I. Form PTO-2038<br>authorized to char                                                                | is atta                                          | ched.<br>required fee(s), any de                                                                                             |                                                                                  | redit anv                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SMALL ENTITY statu                                                                                                                                  | s. See 3                                        | 7 CFR 1.27.                                                                                 |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                  | TITY status. See 37 CI                                                                                                       |                                                                                  |                                                                                 |
| NOTE: The Issue Fee and<br>interest as shown by the re                                                                                                                                                                                                                                                                                                                                                                                                                | l Publication Fee (if requeecords of the United Sta                                                                                                 | iired) w<br>tes Patei                           | ill not be accepted<br>nt and Trademark                                                     | I from anyone other th<br>Office.                                                                                                         | an th                                                                                                                                                                                                                                                                                                                                                    | ie applicant; a regi                                                                                  | stered a                                         | ittorney or agent; or th                                                                                                     | e assignee or                                                                    | other party in                                                                  |
| Authorized Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                     |                                                 |                                                                                             |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                  |                                                                                                                              |                                                                                  |                                                                                 |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                     |                                                 |                                                                                             |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                          | Registration N                                                                                        |                                                  |                                                                                                                              |                                                                                  |                                                                                 |
| This collection of informa<br>an application. Confidenti<br>submitting the completed<br>this form and/or suggestic<br>Box 1450, Alexandria, Vi<br>Alexandria, Virginia 2231                                                                                                                                                                                                                                                                                           | ation is required by 37 C<br>iality is governed by 35<br>application form to the<br>ons for reducing this but<br>irginia 22313-1450. DC<br>(3-1450. | FR 1.31<br>U.S.C.<br>USPTC<br>den, sho<br>NOT S | The informatic<br>122 and 37 CFR     Time will vary<br>ould be sent to the<br>END FEES OR C | n is required to obtain<br>1.14. This collection is<br>depending upon the in<br>Chief Information Of<br>COMPLETED FORMS                   | or re<br>s esti<br>ndivi<br>fficer<br>S TO                                                                                                                                                                                                                                                                                                               | etain a benefit by t<br>mated to take 12 i<br>dual case. Any co<br>r, U.S. Patent and<br>THIS ADDRESS | he publ<br>minutes<br>mment<br>Traden<br>i. SENI | ic which is to file (and<br>to complete, includin<br>s on the amount of tir<br>ark Office, U.S. Deps<br>O TO: Commissioner t | by the USPI<br>g gathering, p<br>ne you requir<br>rtment of Co<br>or Patents, P. | O to process)<br>reparing, and<br>e to complete<br>mmerce, P.O.<br>O. Box 1450, |

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#### UNITED STATES PATENT AND TRADEMARK OFFICE

#### UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS

P O Box 1450 Alexandria, Virgima 22313-1450 www.uspto.gov

DATE MAILED: 12/07/2009

| APPLICATION NO.                  | FILING DATE   | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.    | CONFIRMATION NO. |  |
|----------------------------------|---------------|----------------------|------------------------|------------------|--|
| 10/700,274 11/03/2003            |               | Joseph S. Podolski   | 07189.0014.DVUS02      | 9175             |  |
| 75                               | 90 12/07/2009 |                      | EXAM                   | UNER             |  |
| IP Prosecution                   |               |                      | PRYOR, ALTON NATHANIEL |                  |  |
| HOWREY SIMON ARNOLD & WHITE, LLP |               |                      | ART UNIT               | PAPER NUMBER     |  |
| Box No. 34                       |               |                      | 1616                   |                  |  |

### Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 1286 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 1286 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

## Notice of Allowability

| Application No. | Applicant(s)        |  |  |  |
|-----------------|---------------------|--|--|--|
| 10/700,274      | PODOLSKI, JOSEPH S. |  |  |  |
| Examiner        | Art Unit            |  |  |  |
|                 |                     |  |  |  |

| Notice of Allowability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Examiner                                          | Art Unit                                           |               |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|---------------|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ALTON N. PRYOR                                    | 1616                                               |               |  |  |  |  |
| The MAILING DATE of this communication appears on the cover sheet with the correspondence address All claims being allowable, PROSECUTION ON THE MERIT'S IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be used in due course. THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CPR 1.313 and MPEP 1308.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                    |               |  |  |  |  |
| <ol> <li>This communication is responsive to <u>11/19/09</u>.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | . ☐ This communication is responsive to 11/19/09. |                                                    |               |  |  |  |  |
| 2. The allowed claim(s) is/are 47,48,50,54-63 (claims renumb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ered 1-13 respectively).                          |                                                    |               |  |  |  |  |
| Acknowledgment is made of a claim for foreign priority un     a) □ All b) □ Some* c) □ None of the:     1. □ Certified copies of the priority documents have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                    |               |  |  |  |  |
| Certified copies of the priority documents have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                    |               |  |  |  |  |
| Copies of the certified copies of the priority documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                    | tion from the |  |  |  |  |
| International Bureau (PCT Rule 17.2(a)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   | Table tage approx                                  |               |  |  |  |  |
| * Certified copies not received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                    |               |  |  |  |  |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONM THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   | complying with the red                             | quirements    |  |  |  |  |
| 4. A SUBSTITUTE OATH OR DECLARATION must be subm<br>INFORMAL PATENT APPLICATION (PTO-152) which give                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                                    | OTICE OF      |  |  |  |  |
| <ol> <li>CORRECTED DRAWINGS ( as "replacement sheets") mus</li> <li>(a) ☐ including changes required by the Notice of Draftspers</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   | 948) attached                                      |               |  |  |  |  |
| 1) hereto or 2) to Paper No./Mail Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   | o-ro, attaorios                                    |               |  |  |  |  |
| (b) ☐ including changes required by the attached Examiner's Paper No./Mail Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s Amendment / Comment or in the C                 | Office action of                                   |               |  |  |  |  |
| Identifying indicia such as the application number (see 37 CFR 1. each sheet. Replacement sheet(s) should be labeled as such in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |                                                    | back) of      |  |  |  |  |
| DEPOSIT OF and/or INFORMATION about the depo-<br>attached Examiner's comment regarding REQUIREMENT in the second |                                                   |                                                    | Note the      |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                    |               |  |  |  |  |
| Attachment(s)  1. Notice of References Cited (PTO-892)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5. ☐ Notice of Informal P                         | atent Application                                  |               |  |  |  |  |
| Notice of Preferences Gled (176-532)     Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   | Interview Summary (PTO-413),                       |               |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Paper No./Mail Dat                                | Paper No./Mail Date                                |               |  |  |  |  |
| <ol> <li>Information Disclosure Statements (PTO/SB/08),<br/>Paper No./Mail Date</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ol><li>Examiner's Amendr</li></ol>               | nent/Comment                                       |               |  |  |  |  |
| Examiner's Comment Regarding Requirement for Deposit of Biological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ol><li>Examiner's Statement</li></ol>            | 8. X Examiner's Statement of Reasons for Allowance |               |  |  |  |  |
| or biological iviaterial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9.  Other                                         |                                                    |               |  |  |  |  |
| /Alton N. Pryor/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                    |               |  |  |  |  |
| Primary Examiner, Art Unit 1616                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                    |               |  |  |  |  |
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Application/Control Number: 10/700,274

Art Unit: 1616

An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it MUST be submitted no later than the payment of the issue fee.

Authorization for this examiner's amendment was given in a telephone interview with Mr. C. Cabral on 11/19/09.

The application has been amended as follows:

In claim 47 line 3 after "blocker" insert --- selected from phentolamine mesylate or phentolamine hydrochloride ---.

In claim 47 line 3 after "prostaglandin" insert --- being alprostadil ---.

Cancel claim 49.

In claims 56-58.60 and 63 line 1 delete "the" and insert --- a ---.

The following is an examiner's statement of reasons for allowance: Unexpected results provided in declaration filed 11/19/09.

Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

#### Telephonic Inquiry

Any inquiry concerning this communication or earlier communications from the examiner should be directed to ALTON N. PRYOR whose telephone number is (571)272-0621. The examiner can normally be reached on 8:00 a.m. - 4:30 p.m..

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If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Johann Richter can be reached on 571-272-0646. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Alton N. Pryor/ Primary Examiner, Art Unit 1616